# Kingfisher County Community Health Assessment
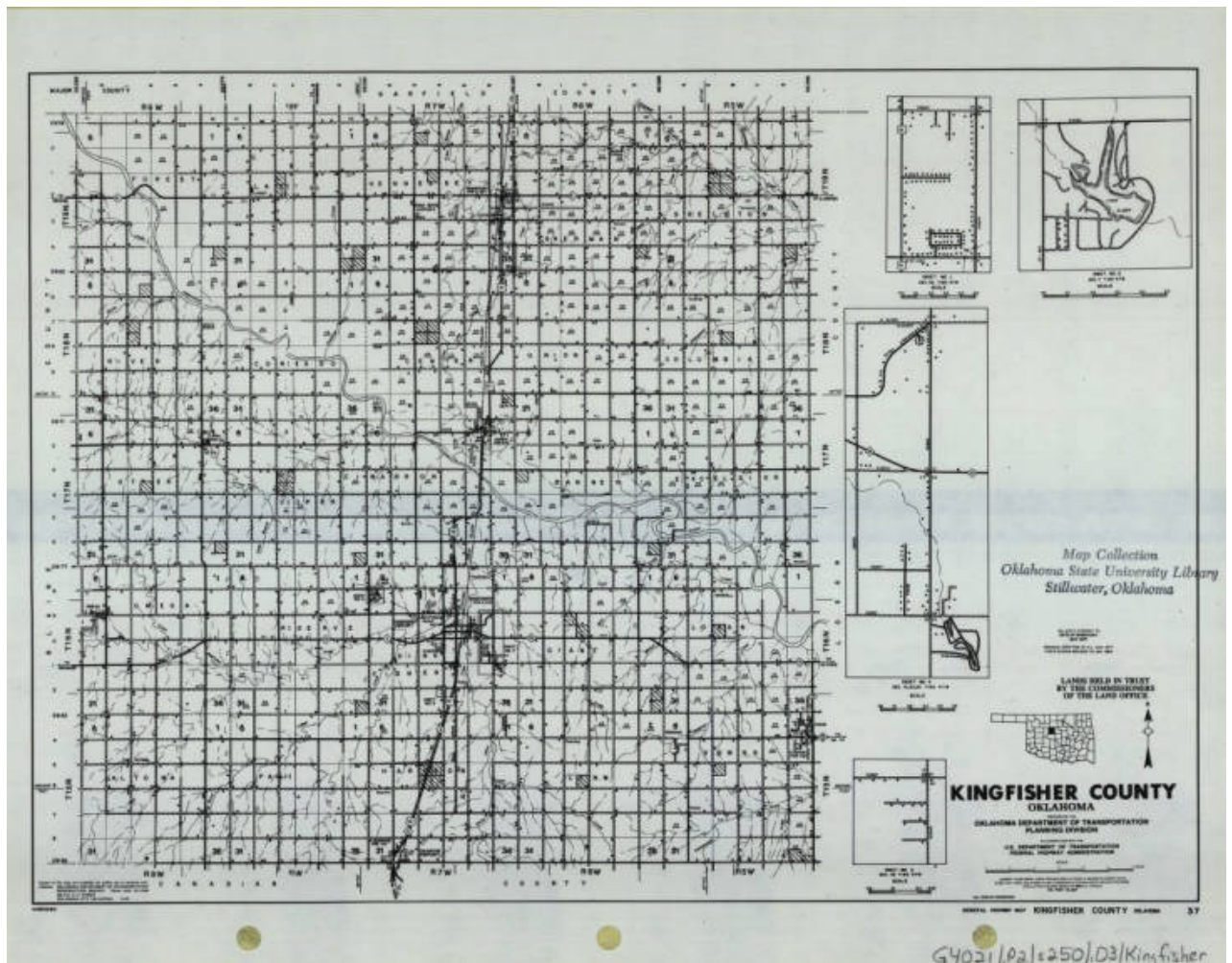
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# Introduction



The Kingfisher Community Collaborative (KCC) completed its first Community Health Improvement Plan (CHIP) on December 14, 2020. During a difficult five-year period, the county's health ranking slipped from 1st (best) to 7th.[1] Key public health measures worsened, including adult smoking prevalence and obesity.

There were still positive outcomes. There were improvements in adult heavy drinking, heart disease mortality, stroke mortality, and fruit and vegetable consumption. The county's teen fertility rate decreased (improved) by 52% and met the performance objective for the measure. Kingfisher County was still among the 10 healthiest counties in Oklahoma. It had better rates than the state in many health indicators that included: unemployment, high school dropouts, poverty, food access, cardiovascular disease mortality and cancer mortality. In addition, KCC learned the value of a strategic planning process for change management.

With this experience in hand, KCC committed to a second round of strategic planning. It again used the Mobilizing for Action through Planning and Partnerships (MAPP) framework as a guide to conducting a new Community Health Assessment (CHA). Data from the CHA provided a view of current health factors, both real and perceived, that influenced Kingfisher County's health. After reviewing the data, seven elements were identified for further consideration:

- **Mental Health, Including Suicide and Opioids**
- **Smoking and Tobacco Use**
- **Obesity and Diabetes**
- **Cardiovascular Disease Mortality**
- **Cancer Mortality**
- **Child Abuse and Neglect**
- **COVID-19**

This report summarizes the rationale for selecting each of these elements.

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1.   County Health Rankings & Roadmaps. Oklahoma: Kingfisher. [Website]. Retrieved from https://www.countyhealthrankings.org/app/oklahoma/2021/rankings/kingfisher/county/outcomes/overall/snapshot.

# Demographics[2]

| Demographics - Estimates | Oklahoma | % | Kingfisher County | % |
|---|---|---|---|---|
| **Total Population** | 3,956,971 | | 15,694 | |
| **Age** | | | | |
| 19 years and under | 1,067,654 | 26.9 | 4,628 | 29.4 |
| 20 - 64 years | 2,254,095 | 56.9 | 8,621 | 54.9 |
| 65 + years | 635,222 | 16.1 | 2,445 | 15.6 |
| **Gender** | | | | |
| Male | 1,962,477 | 49.6 | 7,865 | 50.1 |
| Female | 1,994,494 | 50.4 | 7,829 | 49.9 |
| **Race/Ethnicity** | | | | |
| White | 2,865,785 | 72.4 | 13,364 | 85.2 |
| Hispanic or Latino | 438,106 | 11.1 | 2,501 | 15.9 |
| African American | 287,414 | 7.3 | 200 | 1.3 |
| Asian | 89,950 | 2.3 | 60 | 0.4 |
| American Indian & Alaska Native | 316,929 | 8 | 494 | 3.1 |
| Native Hawaiian & Pacific Islander | 4,808 | 0.1 | 0 | 0.0 |
| Other | 91,920 | 2.3 | 1,033 | 2.5 |
| Identified by two or more | 300,165 | 7.6 | 543 | 3.5 |
| **Selected Economic Characteristics** | | | | |
| Median household income (dollars) | 54,449 | X | 39,714 | X |
| Mean household income (dollars) | 75,537 | X | 60,568 | X |
| Mean travel time to work (minutes) | 22.7 | X | 19.5 | X |
| Percent unemployed | 2.6 | X | 3.1 | X |

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2. U.S. Census Bureau 2019 Population Estimates.

# The MAPP Process

The following is taken from the website of the National Association of County and City Health Officials (NACCHO) and can be found at: https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp.

"Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems."

MAPP provides for up to four individual assessments. Each collects important information for improving community health, but their value is multiplied by considering the findings as a whole. KCC chose to conduct three of these assessments: Community Health Status, Community Themes and Strengths, and Forces of Change.

**Community Health Status Assessment**

This assessment identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

KCC used the following data sources and indicators to constitute its Community Health Status Assessment:

- 2020 Oklahoma Drug Threat Assessment by the Oklahoma Bureau of Narcotics and Dangerous Drugs

- U.S. Census Bureau

- Child Abuse and Neglect Statistics SFY2019 by the Oklahoma Department of Human Services

- Community Health Needs Assessment by the Institute for People, Place and Possibility

- County Health Rankings & Roadmaps by the University of Wisconsin Population Health Institute

- County Unemployment Rates provided by the Oklahoma Employment Security Commission

- Crime in Oklahoma 2019 by the Oklahoma State Bureau of Investigation

- Kids Count Data Center by the Annie E Casey Foundation

- Oklahoma Department of Mental Health and Substance Abuse Services

- 2020 Wellness County Profile by Oklahoma State Department of Health Center for Chronic Disease Prevention and Health Promotion on behalf of the Oklahoma Tobacco Settlement and Endowment Trust

- SoonerCare Data provided by the Oklahoma Health Care Authority

**Community Themes and Strengths Assessment**

This assessment provides an understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" "What assets do we have that can be used to improve community health?"

KCC used the Mercy Hospital Kingfisher Community Health Needs Assessment Summary and Implementation Strategy, and the  TSET Healthy Living Program Community Needs Assessment Survey to collect this data.

Forces of Change Assessment

This assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" "What specific opportunities or threats are generated by these occurrences?"

KCC held a focus group brainstorming session during its regularly scheduled September 2021 meeting to collect this data.
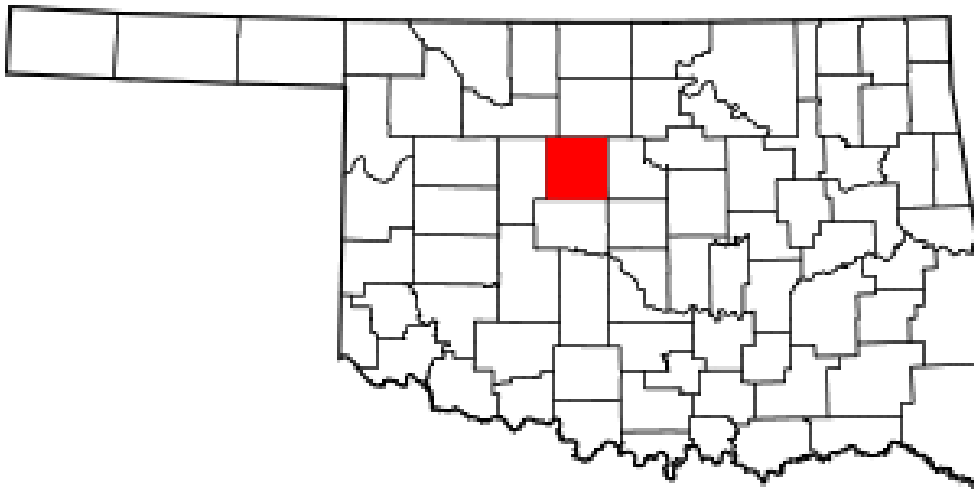
# Priority Elements of Assessment

After analyzing the data, KCC identified seven priority elements that appeared to be more prevalent. Each item was identified as a significant public health issue based on one or more of the MAPP assessments. It should be noted that many other elements were identified that were not selected for this summary report. This does not diminish their importance in the overall public health mission, nor does it mean that KCC will exclude them from future efforts. It simply means that community partners felt the selected priority elements would have the largest and most positive impact on community health outcomes.

The following is a summary of each individual element and the data that supported choosing it.

Mental Health, Including Suicide and Opioids

Between 600,000 and 900,000 Oklahomans experience mental illness and/or a substance use disorder annually. Only one in three receive treatment. As a result, negative and more costly consequences occur such as law enforcement contact, criminal justice system engagement, loss of jobs, incarceration, overflowing and backed-up hospital emergency rooms, family fragmentation and children in foster care. Much of this can be prevented with increased access to appropriate services.[3]

Mental and substance use disorders can affect anybody at any age. Mental disorders generally involve changes in thinking, mood, and/or behavior, affecting how we relate to others and make choices. Substance use disorders occur when recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.[3]

Suicide was responsible for more than 47,500 deaths in 2019. In 2019, 12 million American adults seriously thought about suicide, 3.5 million made a plan, and 1.4 million attempted suicide. Suicide rates in the United States have increased about 33% from 1999 to 2019.[4] Research shows that 90% of those who die from suicide have a mental health and/or substance use disorder at the time of their death.[3]

Nearly 841,000 people have died since 1999 from a drug overdose. 70,630 drug overdose deaths occurred in 2019 in the United States. Opioids, mainly synthetic opioids (other than methadone), are currently the main driver of drug overdose deaths. 72.9% of opioid-involved overdose deaths involve synthetic opioids. Opioids were involved in 49,860 overdose deaths in 2019 (70.6% of all drug overdose deaths).[5]

In the Community Themes and Strengths Assessment, residents identified "mental health including suicide and opioids" as a top health concern in their community. They identified "lack of mental health services" among their top healthcare concerns, and they identified "counseling/mental health" among additional services they would like to see offered at Mercy Hospital Kingfisher.

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3.    Oklahoma State of the State's Health Report: Indicators.  https://stateofstateshealth.ok.gov/Data/HealthIndicator.

4.    Centers for Disease Control and Prevention, National Center for Injury Prevention Control. https://www.cdc.gov/suicide/. Page last reviewed: March 1, 2021.

5.    Centers for Disease Control and Prevention, National Center for Injury Prevention Control. https://www.cdc.gov/drugoverdose/data/statedeaths.html. Page last reviewed: March 3, 2021.

The County Health Rankings & Roadmaps define "poor mental health days" as the average number of mentally unhealthy days reported in the past 30 days (age-adjusted). The rate reported for Kingfisher County was 4.8, compared to the state at 4.8 and the Top U.S. Performers (10th/90th percentile) at 3.8.

The Oklahoma Department of Mental Health and Substance Abuse Services' (ODMHSAS) Online Query System (OOnQues) indicated an increase in the use of services funded by ODMHSAS. (Figure 1) Kingfisher County's rate of admissions was 2.70 per 1,000. (Figure 2)
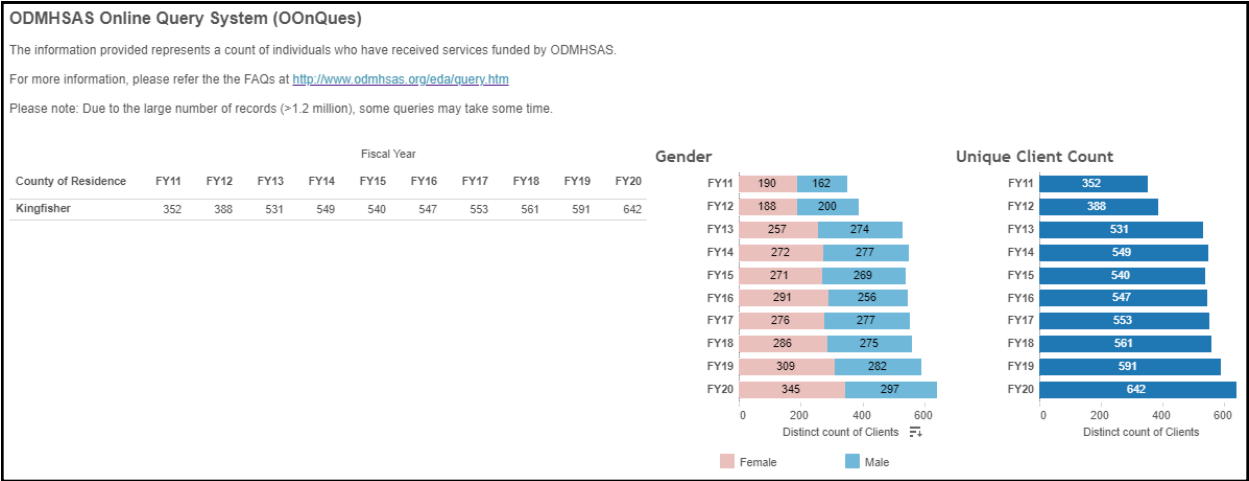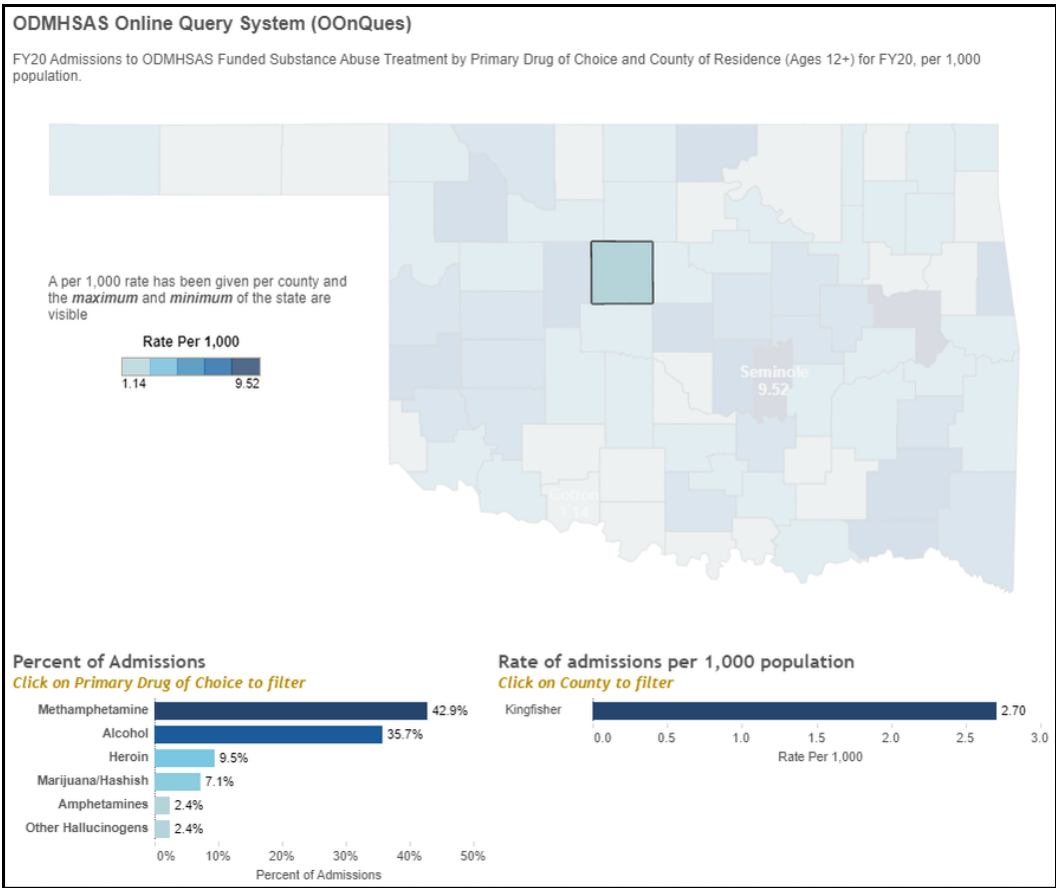


Figure 1. ODMHSAS Online System (OOnQues).



Figure 2. ODMHSAS Online System (OOnQues).

The OSDH's web-based query system, Oklahoma Statistics on Health Available for Everyone (OK2SHARE), indicated a suicide rate for Kingfisher County of 20.3 per 100,000 population. (Figure 3) This was a 24% improvement from the previous year's rate of 26.6.



## Detailed Mortality Statistics

### Characteristics Selected for Records Search

| Search Characteristic | Values Selected |
|---|---|
| Counties | Kingfisher |
| Years | 2017 to 2019 |
| Cause of Death | Intentional self-harm (suicide) |

9 records matched the search criteria.

### Characteristics Selected for Records Search

| Deaths | Population | Death Rate | Age-Adjusted Death Rate |
|---|---|---|---|
| 9 | 47,250 | 19.0 | 20.3 |

*Calculations may have been suppressed due to small cell size (less than 5 deaths/populations less than 20)*

*Suggested Citation:*
*Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2017 to 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 13MAY2021:14:29:39.*
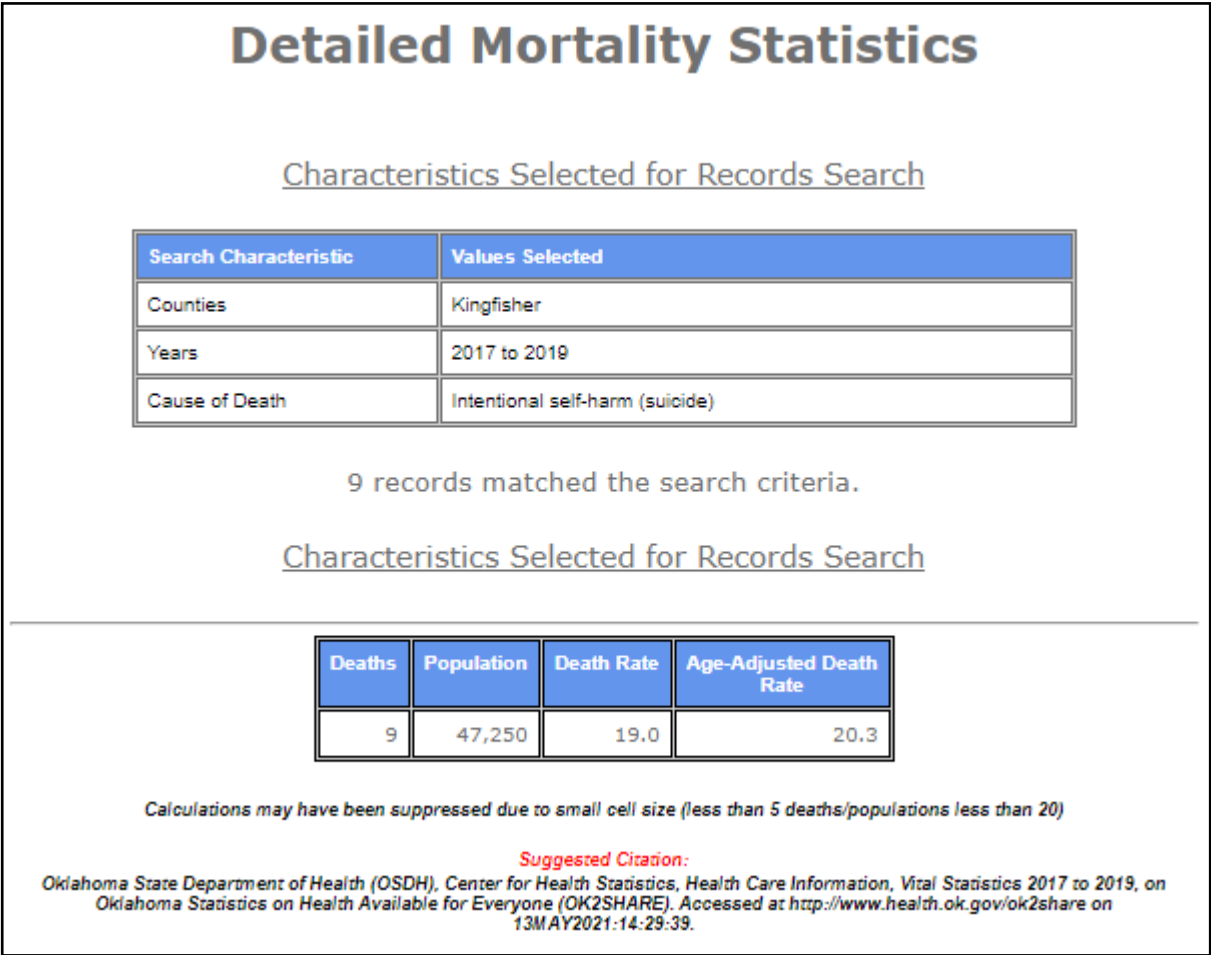
Figure 3. Kingfisher County intentional self-harm. Data taken from OK2SHARE.

The 2020 OBNDD Oklahoma Drug Threat Assessment indicated that 25.9% of Kingfisher County's arrests in 2019 were drug-related. This was a 24% decrease (improvement) from the rate of 34.1% reported in 2018. (Figure 4)

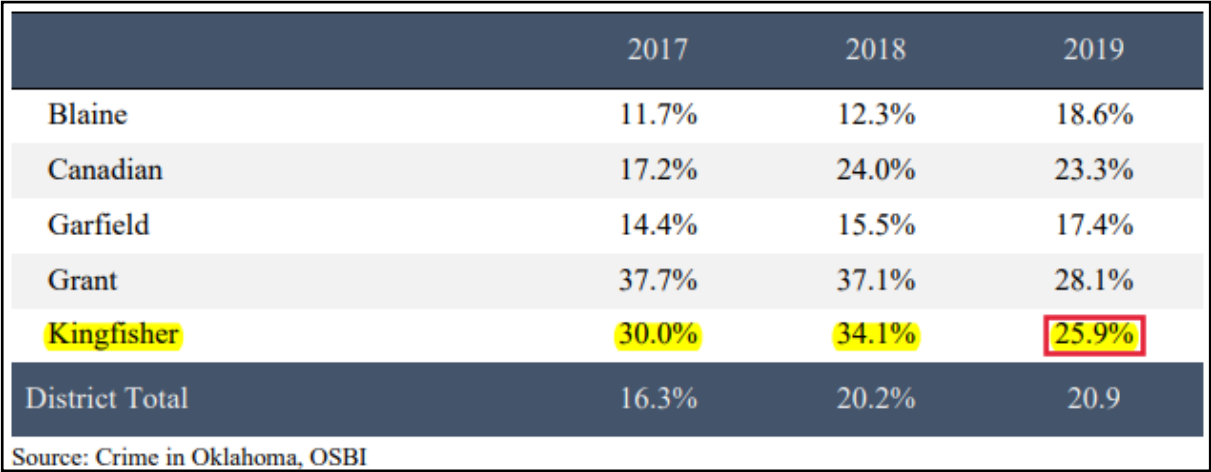| | 2017 | 2018 | 2019 |
|---|---|---|---|
| Blaine | 11.7% | 12.3% | 18.6% |
| Canadian | 17.2% | 24.0% | 23.3% |
| Garfield | 14.4% | 15.5% | 17.4% |
| Grant | 37.7% | 37.1% | 28.1% |
| Kingfisher | 30.0% | 34.1% | 25.9% |
| District Total | 16.3% | 20.2% | 20.9 |

Source: Crime in Oklahoma, OSBI

Figure 4. Drug-Related Arrests by County, by Year (% of all arrests)

The Health Indicators Report by IP3 reported trend data that shows Kingfisher County's drug overdose mortality rate increasing (getting worse). (Figure 5)
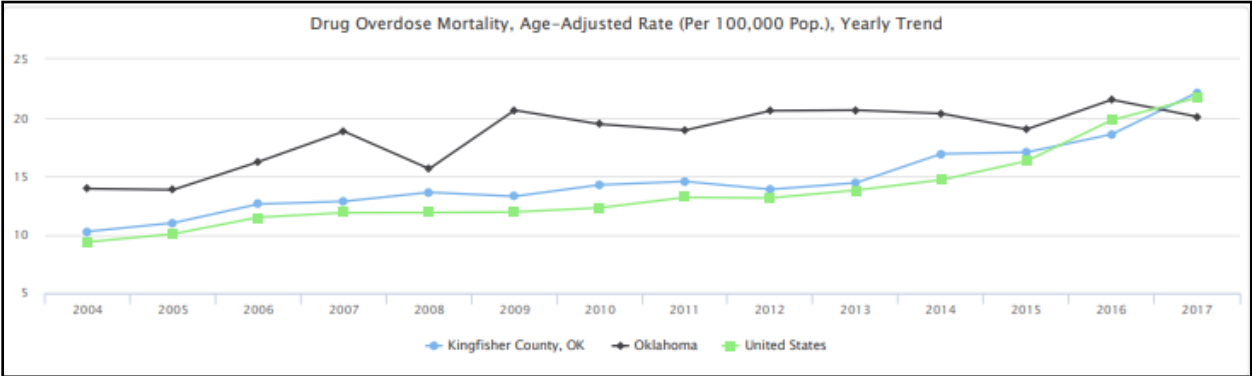


Figure 5. Kingfisher County drug overdose mortality. Data taken from Health Indicators Report by IP3.

OK2SHARE indicated an accidental poisoning rate for Kingfisher County of 17.1 per 100,000. This was a 10% increase (worsening) for the previous year's rate of 15.6. (Figure 6)
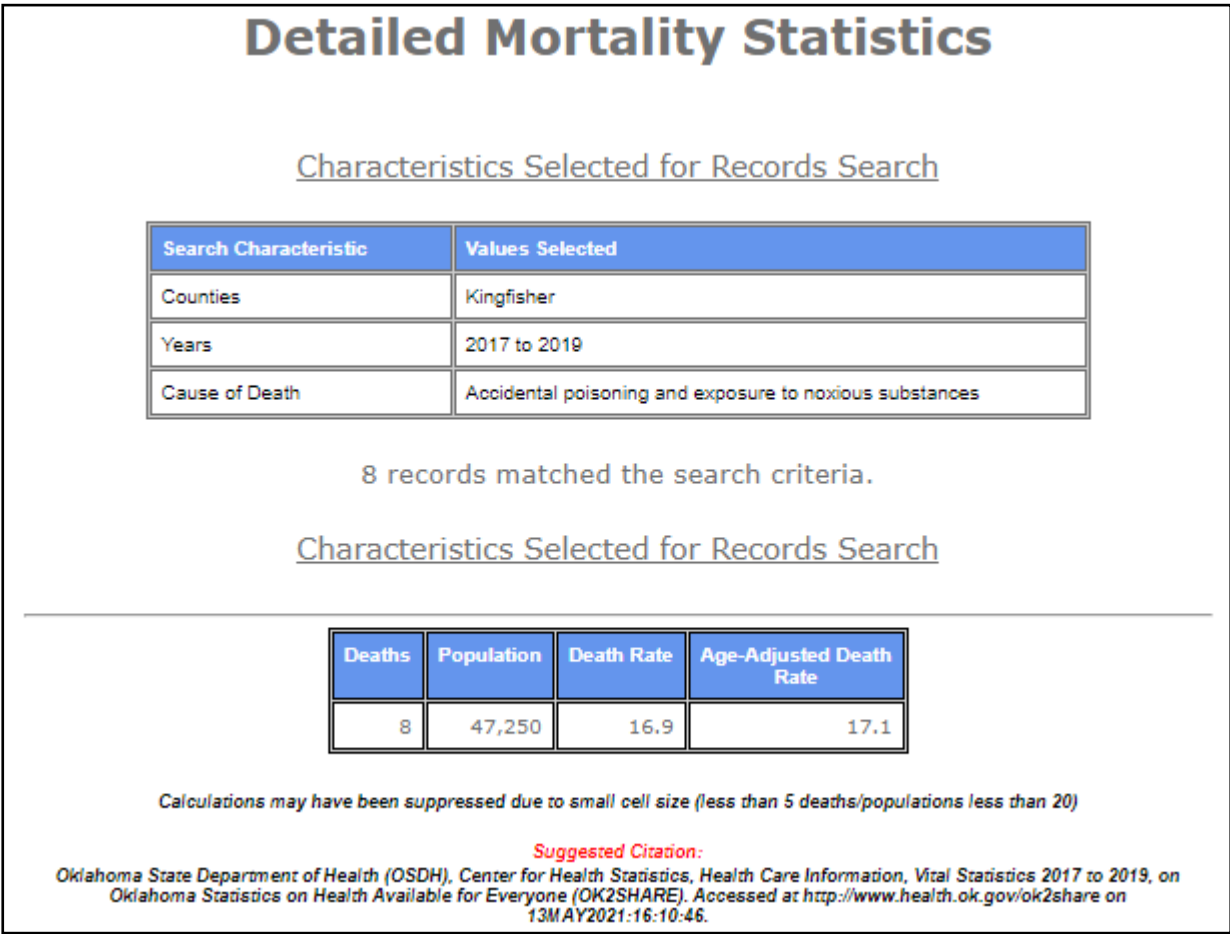


Figure 6. Kingfisher County accidental poisoning and exposure to noxious substances. Data taken from OK2SHARE.

In the Kingfisher County Forces of Change Assessment, Mental Health was identified as a significant force affecting the local public health system and community. Opportunities identified concerning Mental Health included: education to promote awareness; social media to promote awareness; CARES funding to facilitate virtual resources. Threats identified concerning Mental Health included: effects of COVID on Mental Health; cyber-bullying; increased suicide rate; effects of increased obesity and smoking rates on Mental Health.

Smoking and Tobacco Use

Cigarette smoking remains the leading cause of preventable death and disability in the United States, despite a significant decline in the number of people who smoke. Over 16 million Americans have at least one disease caused by smoking. This amounts to $170 billion in direct medical costs that could be saved every year if we could prevent youth from starting to smoke and help every person who smokes to quit.[6]

In 2019, 30.8% of Oklahoma high school youth reported currently using any tobacco product, including e-cigarettes. Among Oklahoma high school youth, 9.1% reported currently smoking cigarettes.[6]

Other Oklahoma key facts reported by the CDC include:[6]

- $1.6 million was received from CDC for tobacco prevention and control activities in FY2020.

- 18.9% of adults smoked cigarettes in 2019.

- 7,500 adults die from smoking-related illnesses each year.

- $1.6 billion was spent on healthcare costs due to smoking in 2009.

In the Community Themes and Strengths Assessment, residents identified "smoking and tobacco use" as a top health concern in their community.

The most recent data available reports Kingfisher County's Smoking Prevalence at 23.4%. This was higher than the state rate of 19.7%. The Smoking Prevalence rate over the past six years has increased (worsened).[7] (Figure 7)



**Kingfisher County Smoking Prevalence Trend**

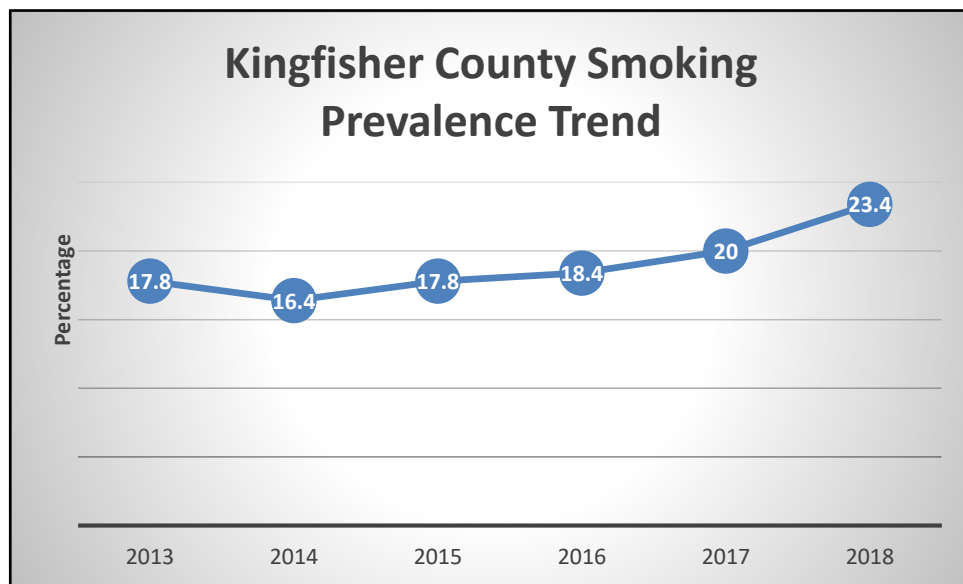| | | | | | |
| 17.8 | 16.4 | 17.8 | 18.4 | 20 | 23.4 |
| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |

Figure 7. Kingfisher County Smoking Prevalence Trend. Data taken from 2020 Wellness County Profile: Kingfisher.

The County Health Rankings & Roadmaps reported an adult smoking rate of 21%. This was higher than the state rate of 20% and was identified as an "area to explore."

6.  Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/oklahoma/. Page last reviewed: March 31, 2021.

7.  Center for Chronic Disease Prevention and Health Promotion, Oklahoma State Department of Health. 2020 Wellness County Profile: Kingfisher County.

In the Kingfisher County Forces of Change Assessment, Smoking/Tobacco Use was identified as a significant force affecting the local public health system and community. Opportunities identified concerning Smoking/Tobacco Use included: education to promote awareness; social media to promote awareness. Threats identified concerning Smoking/Tobacco Use included: continued trend of increasing adult smoking rates; increase in youth vaping, possibly leading to increase in youth tobacco use; increased social and economic pressures effecting Mental Health may also effect Smoking/Tobacco Use.

Obesity and Diabetes

About 2 in 5 adults and 1 in 5 children and adolescents in the United States have obesity, and many others are overweight. Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer.[8]

More than 30 million people in the Unites States have diabetes. It's the 7th leading cause of death. Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people eat healthier, get physical activity, and lose weight can prevent new cases.[9]

In the Community Themes and Strengths Assessment, residents identified "obesity and diabetes" as a top health concern in their community. They identified "health education/classes on diabetes, cancer, women's and men's health" and "Weight Watchers" among additional services they would like to see offered at Mercy Hospital Kingfisher.

The most recent data reports Kingfisher County's Obesity Prevalence at 38.0%. This was higher than the state rate of 34.8%. The Obesity Prevalence rate over the past six years has increased (worsened). (Figure 8)



**Kingfisher County Obesity Prevalence Trend**

Percentage

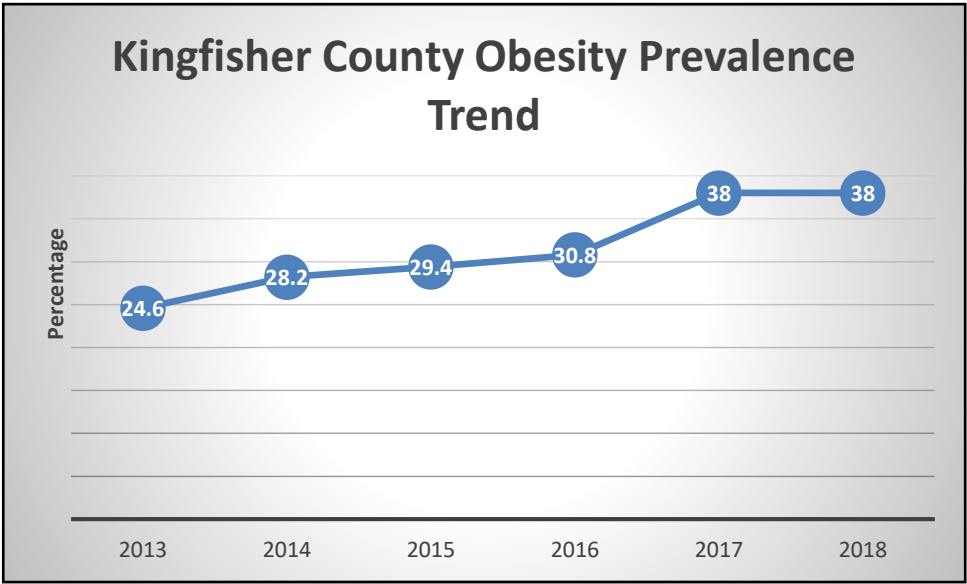| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
| --- | --- | --- | --- | --- | --- |
| 24.6 | 28.2 | 29.4 | 30.8 | 38 | 38 |

Figure 8.  Kingfisher County Obesity Prevalence Trend. Data taken from 2020 Wellness County Profile: Kingfisher.

8.    Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2030: Overweight and Obesity. health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity.

9.    Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2030: Diabetes. health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes.

The most recent data also reports Kingfisher County's Diabetes Prevalence at 14.1%. This was higher than the state rate of 12.5%. The Diabetes Prevalence rate over the past six years has also increased (worsened). (Figure 9)
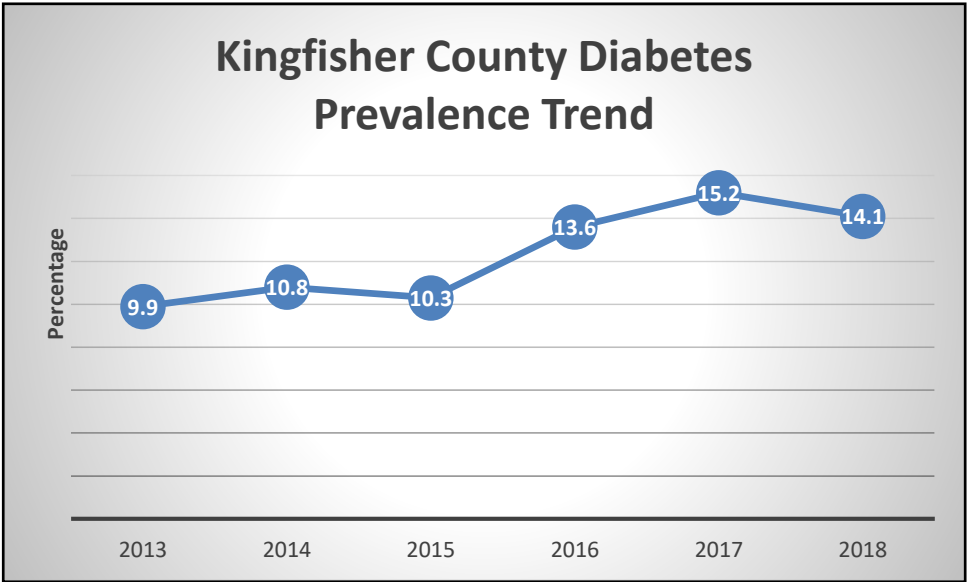


Figure 9. Kingfisher County Diabetes Prevalence Trend. Data taken from 2020 Wellness County Profile: Kingfisher.

The County Health Rankings & Roadmaps reported an adult obesity rate of 38%. This was higher than the state rate of 35% and was identified as an "area to explore." In addition, the report provided Figure 10 below to demonstrate that Kingfisher County was getting worse for this measure.
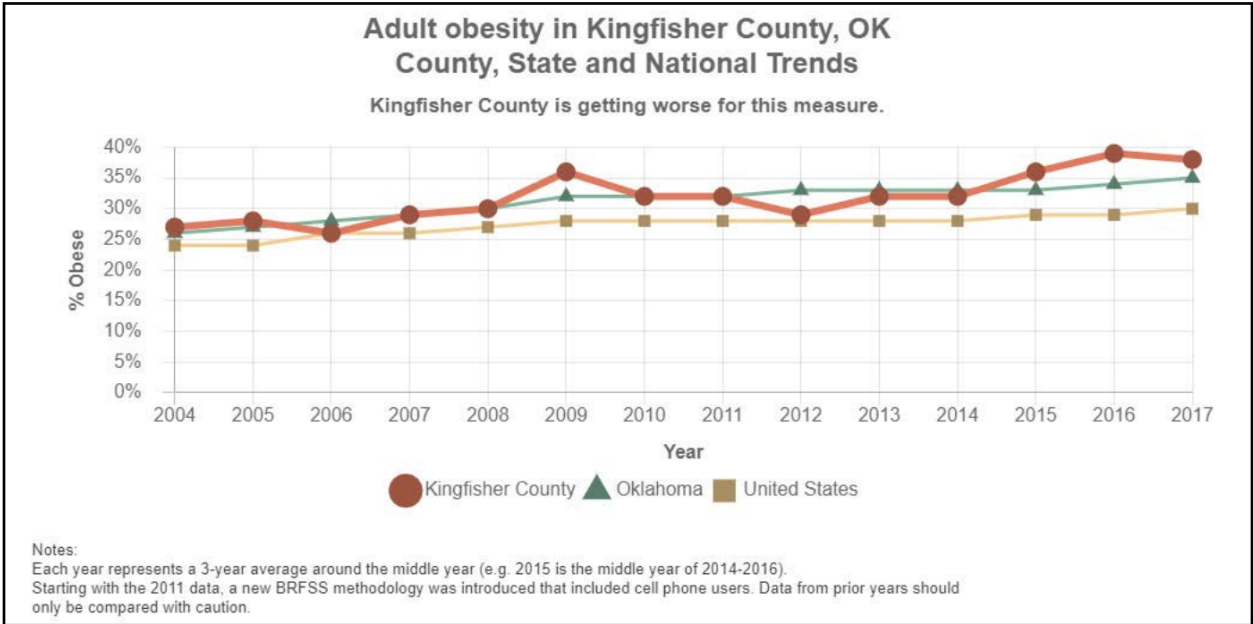


Figure 10. Adult obesity in Kingfisher County, OK. Data taken from 2021 County Health Rankings & Roadmaps.

The Health Indicators Report by IP3 reported an adult diabetes rate of 12.9%. This was higher than the state rate of 11.3% and finished in the "red" on this report's dashboard indicator. (Figure 11) In addition, the report provided trend data showing Kingfisher County's adult diabetes rate increasing from 2004 through 2017. (Figure 12)

**Diabetes (Adult)**

Within the report area, 1,590 or 12.9% of adults aged 20 and older self-report that they have ever been diagnosed with diabetes.
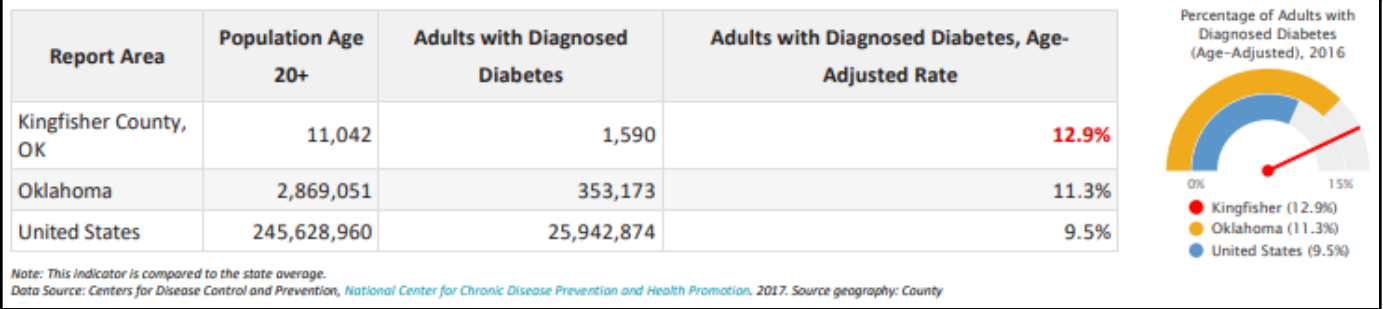
| Report Area | Population Age 20+ | Adults with Diagnosed Diabetes | Adults with Diagnosed Diabetes, Age-Adjusted Rate |
|---|---|---|---|
| Kingfisher County, OK | 11,042 | 1,590 | **12.9%** |
| Oklahoma | 2,869,051 | 353,173 | 11.3% |
| United States | 245,628,960 | 25,942,874 | 9.5% |

*Note: This indicator is compared to the state average.*
*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County*

Figure 11. Diabetes (Adult). Data taken from Health Indicators Report from IP3.
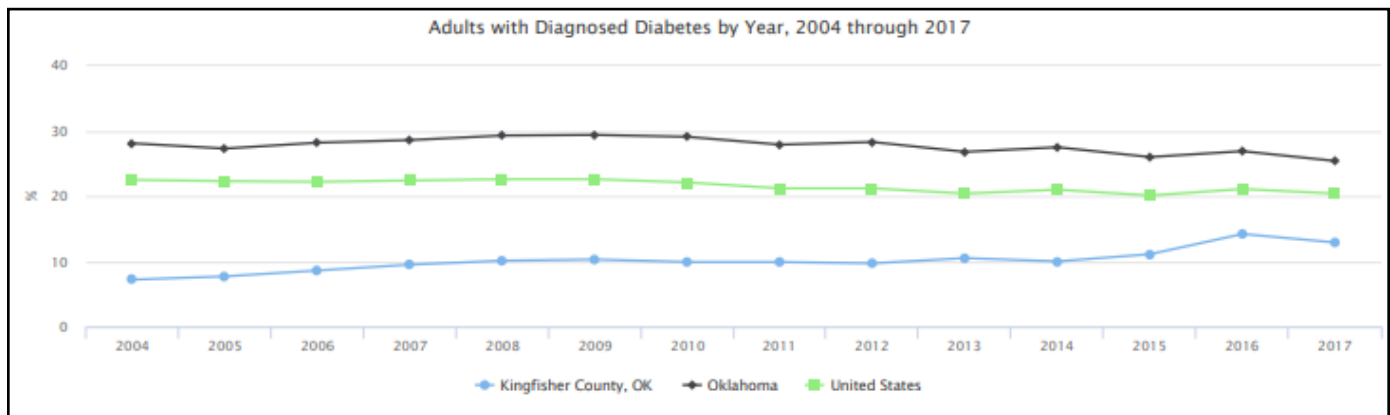


Figure 12. Adults with Diagnosed Diabetes by Year, 2004 through 2017. Data taken from Health Indicators Report from IP3.

In the Kingfisher County Forces of Change Assessment, Obesity was identified as a significant force affecting the local public health system and community. Opportunities identified concerning Obesity included: education to promote awareness; social media to promote awareness. Threats identified concerning Obesity included: continued trend of increasing adult obesity rates; increase in youth obesity; increased social and economic pressures effecting Mental Health may also effect Obesity.

Cardiovascular Disease Mortality

Heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups in the United States. One person dies every 36 seconds in the United States from cardiovascular disease. About 655,000 Americans die from heart disease each year; 1 in every 4 deaths.

Coronary heart disease is the most common type of heart disease, killing 365,914 people in 2017. About 18.2 million adults age 20 and older have coronary heart disease (about 6.7%). About 2 in 10 deaths from coronary heart disease happens in adults less than 65 years old.

In the United States, someone has a heart attack every 40 seconds. Every year, about 805,000 Americans have a heart attack. Of these;

- 605,000 are a first heart attack

- 200,000 happen to people who have already had a heart attack

- About 1 in 5 heart attacks is silent - the damage is done, but the person is not aware of it.[10]

High blood pressure, high cholesterol, and smoking are key risk factors for heart disease. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- Diabetes

- Overweight and obesity

- Unhealthy diet

- Physical inactivity

- Excessive alcohol use[10]

The most recent data available reports Kingfisher County's Cardiovascular Disease Death Rate at 244.4 per 100,000 population. (Figure 13) This was lower than the state rate of 284.4. The Cardiovascular Disease Death Rate over the past seven years has trended lower (improved).[11] (Figure 14, pg. 16)



**Characteristics Selected for Records Search**

| Search Characteristic | Values Selected |
|---|---|
| Counties | Kingfisher |
| Years | 2019 |
| Cause of Death | Major cardiovascular diseases |

50 records matched the search criteria.

Characteristics Selected for Records Search

| Deaths | Population | Death Rate | Age-Adjusted Death Rate |
|---|---|---|---|
| 50 | 15,765 | 317.2 | 244.4 |

*Calculations may have been suppressed due to small cell size (less than 5 deaths/populations less than 20)*

*Suggested Citation:*
*Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 09JUL2021:16:16:20.*
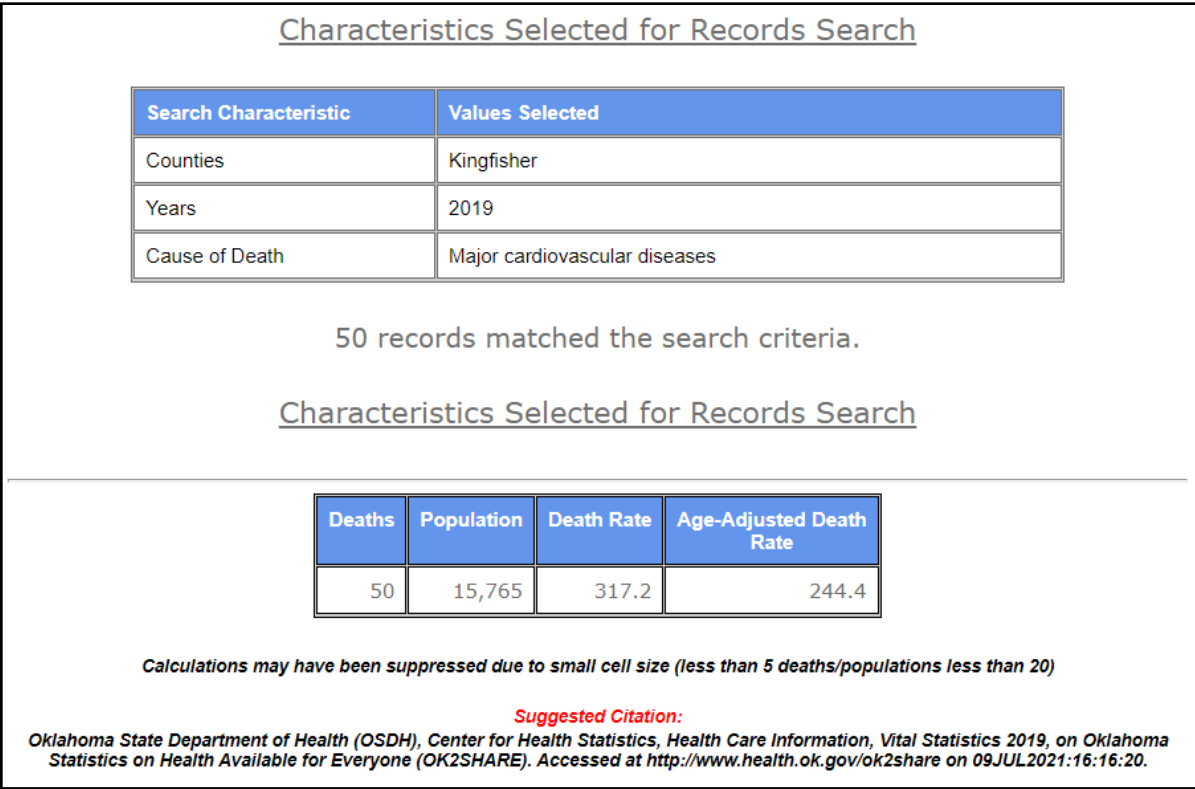
Figure 13. Kingfisher County major cardiovascular diseases, 2019. Data taken from OK2SHARE.

10. National Center for Chronic Disease Prevention and Health Promotion, Division of Heart Disease and Stroke Prevention. https://www.cdc.gov/heartdisease/facts.htm. Page last reviewed: September 8, 2020.

11. Center for Chronic Disease Prevention and Health Promotion, Oklahoma State Department of Health. 2020 Wellness County Profile: Kingfisher County.
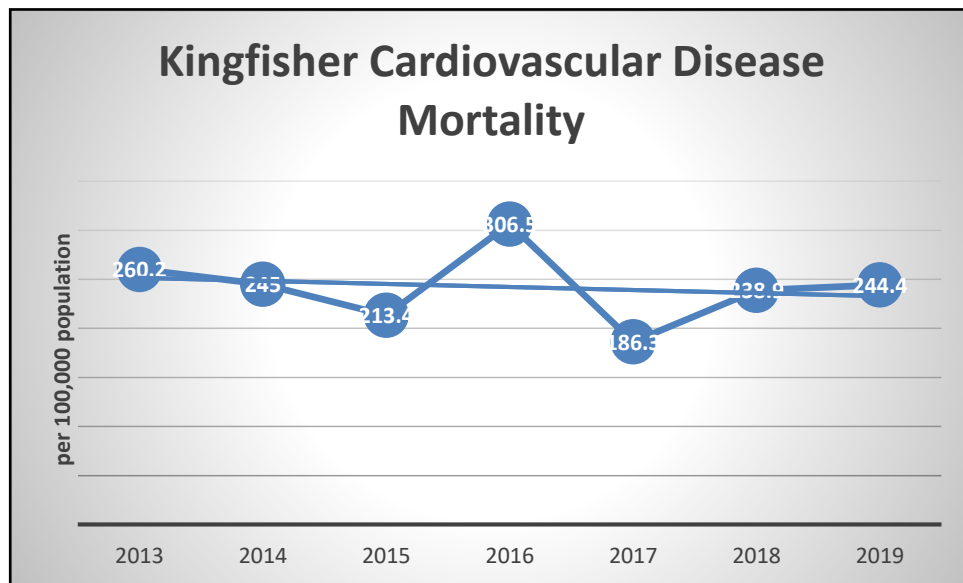
Figure 14. Kingfisher County Cardiovascular Disease Mortality Trend. Data taken from 2020 Wellness County Profile: Kingfisher.

The Health Indicators Report by IP3 reported mortality rates for coronary heart disease (Figure 15), heart disease (Figure 16) and stroke (Figure 17). All three rates were better than the state and all finished in the "green" on this report's dashboard indicator.
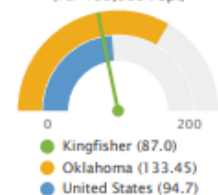


Figure 15. Mortality - Coronary Heart Disease. Data taken from Health Indicators Report from IP3.

## Mortality - Heart Disease

Within the report area the rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population is 170.9. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

| Report Area | Total Population | Average Annual Deaths, 2013-2017 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Kingfisher County, OK | 15,648 | 33 | 212.2 | 170.9 |
| Oklahoma | 3,917,379 | 10,359 | 264.43 | 231.22 |
| United States | 323,258,000 | 637,258 | 197.1 | 165.9 |

*Note: This indicator is compared to the state average.*
*Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2014-18. Source geography: County*

Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
- Kingfisher (170.9)
- Oklahoma (231.22)
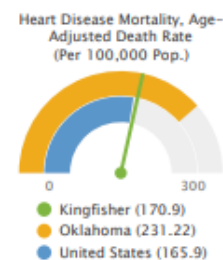- United States (165.9)

Figure 16. Mortality - Heart Disease. Data taken from Health Indicators Report from IP3.

## Mortality - Stroke

Within the report area there are an estimated 32.6 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is less than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

| Report Area | Total Population | Average Annual Deaths, 2013-2017 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) |
|---|---|---|---|---|
| Kingfisher County, OK | 15,648 | 6 | 39.6 | 32.6 |
| Oklahoma | 3,917,379 | 1,879 | 47.97 | 42.24 |
| United States | 323,258,000 | 141,952 | 43.9 | 37.2 |

*Note: This indicator is compared to the state average.*
*Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2014-18. Source geography: County*
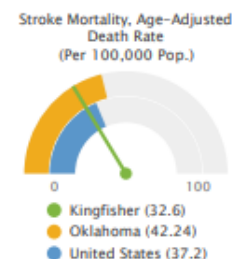
Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
- Kingfisher (32.6)
- Oklahoma (42.24)
- United States (37.2)

Figure 17. Mortality - Stroke. Data taken from Health Indicators Report from IP3.

Cancer Mortality

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. Cancer is not just one disease, but many diseases. There are more than 100 kinds of cancer.[12]

In 2017, the latest year for which incidence data are available, in the Unites States, 1,701,315 new cases of cancer were reported, and 599,099 people died of cancer. For every 100,000 people, 438 new cancer cases were reported and 153 people died of cancer. Cancer is the 2nd leading cause of death in the United States, exceeded only by heart disease. One of every four deaths in the United States is due to cancer.[13]

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12. Division of Cancer Prevention and Control, Centers for Disease Control and Prevention. cdc.gov/cancer/dcpc/prevention. Last reviewed: July 29, 2020.

13. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2019 submission data (1999-2017): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2020.

The most recent data available reports Kingfisher County's Malignant neoplasm (cancer) Death Rate at 101.7 per 100,000 population. (Figure 18) This was a substantial decrease (improvement) from the previous year's rate of 172.1 and is well below the current state rate of 173.1. The Cancer Death Rate over the past seven years has trended lower (improved).[11] (Figure 19)
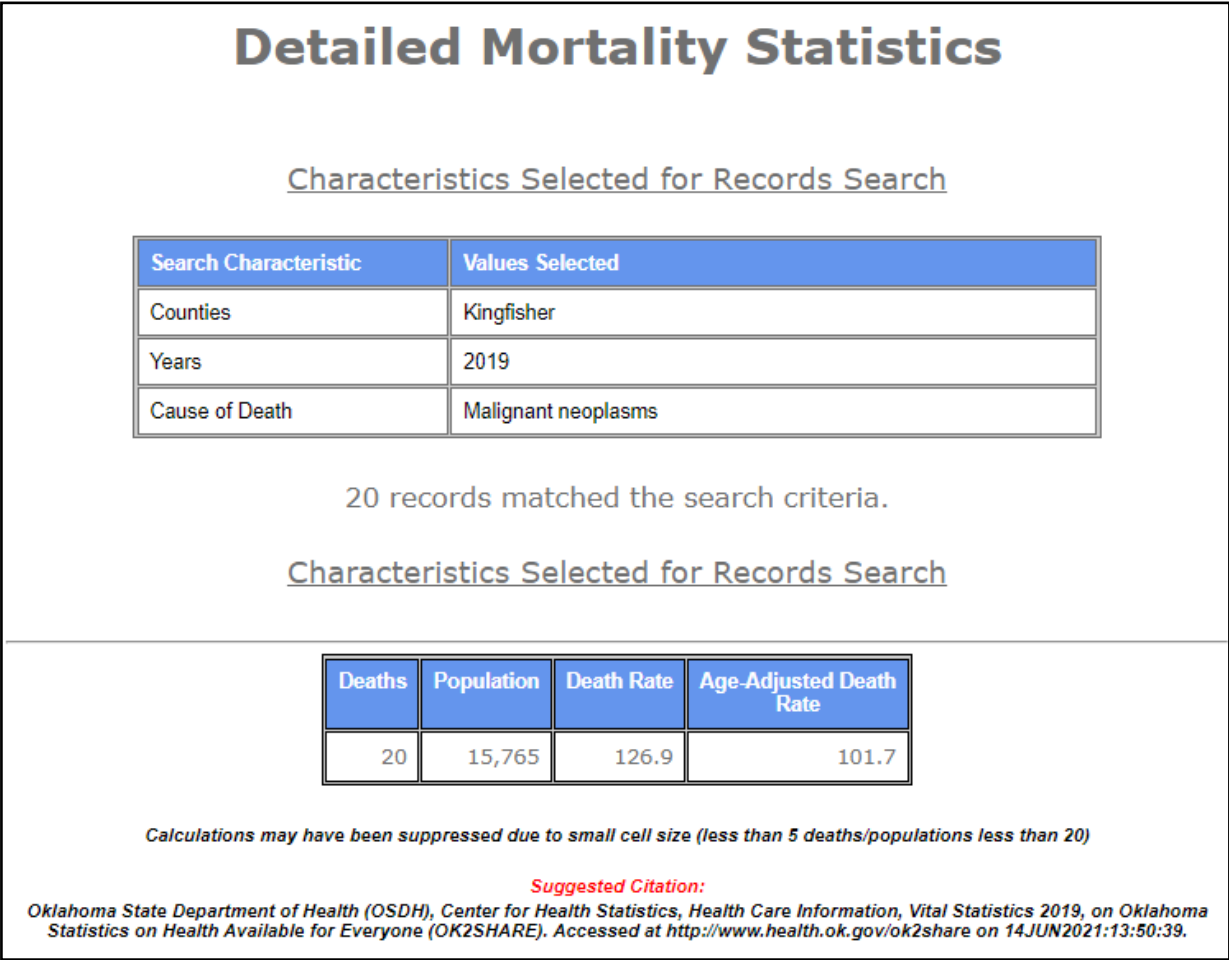
## Detailed Mortality Statistics

### Characteristics Selected for Records Search

| Search Characteristic | Values Selected |
|---|---|
| Counties | Kingfisher |
| Years | 2019 |
| Cause of Death | Malignant neoplasms |

20 records matched the search criteria.

### Characteristics Selected for Records Search

| Deaths | Population | Death Rate | Age-Adjusted Death Rate |
|---|---|---|---|
| 20 | 15,765 | 126.9 | 101.7 |

Calculations may have been suppressed due to small cell size (less than 5 deaths/populations less than 20)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 14JUN2021:13:50:39.

Figure 18. Kingfisher County malignant neoplasms, 2019. Data taken from OK2SHARE.

### Kingfisher County Cancer Mortality

per 100,000 population

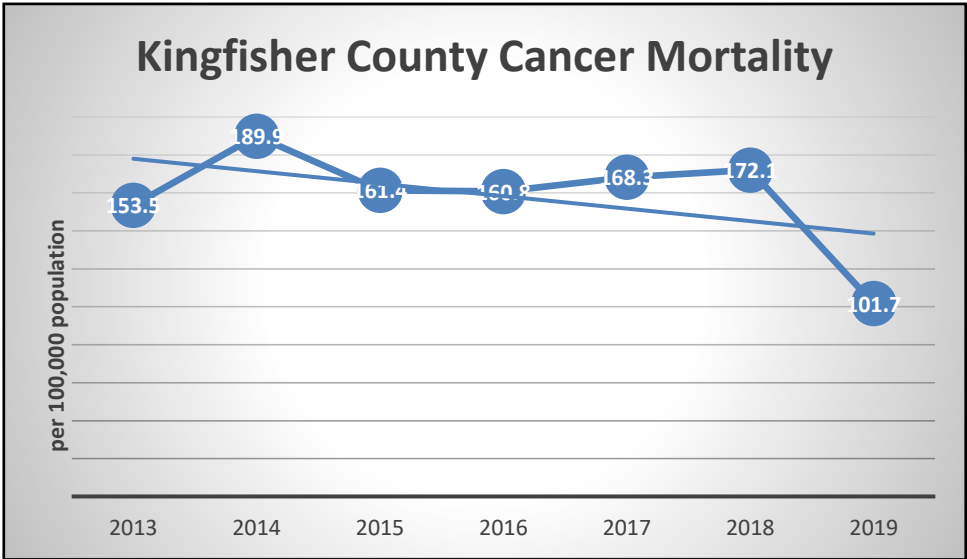| Year | Rate |
|---|---|
| 2013 | 153.5 |
| 2014 | 189.9 |
| 2015 | 161.4 |
| 2016 | 160.8 |
| 2017 | 168.3 |
| 2018 | 172.1 |
| 2019 | 101.7 |

Figure 19. Kingfisher County Cancer Mortality Trend. Data taken from 2020 Wellness County Profile: Kingfisher.

Child Abuse and Neglect

Child abuse and neglect are serious public health problems that can have long-term impact on health, opportunity, and wellbeing. This issue includes all types of abuse and neglect against a child under the age of 18 by a parent, caregiver, or another person in a custodial role (such as a religious leader, a coach, a teacher) that results in harm, the potential for harm, or threat of harm to a child.

At least 1 in 7 children have experienced child abuse and/or neglect in the past year, and this is likely an underestimate. In 2019, 1,840 children died of abuse and neglect in the United States. Experiencing poverty can place a lot of stress on families, which may increase the risk for child abuse and neglect. Rates of child abuse and neglect are 5 times higher for children in families with low socioeconomic status compared to children in families with higher socioeconomic status. In the United States, the total lifetime economic burden associated with child abuse and neglect was approximately $428 billion in 2015. This economic burden rivals the cost of other high-profile public health problems, such as stroke and type 2 diabetes.

Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, as well as emotional and psychological problems, such as impaired social-emotional skills or anxiety. Child abuse and neglect and other adverse childhood experiences (ACEs) can also have a tremendous impact on lifelong health, opportunity, and wellbeing if left untreated. Chronic abuse may result in toxic stress, which can change brain development and increase the risk for problems like post-traumatic stress disorder and learning, attention, and memory difficulties.[14]

The Kids Count Data Center, a service of the Annie E. Casey Foundation, reported that in 2019, Kingfisher County had 70 child abuse and neglect confirmations, resulting in a rate of 16.3 per 1,000 children.[15] Trend data for both numbers (Figure 20) and rates (Figure 21) of confirmations demonstrate that Kingfisher County has not improved in this area over the past five years.
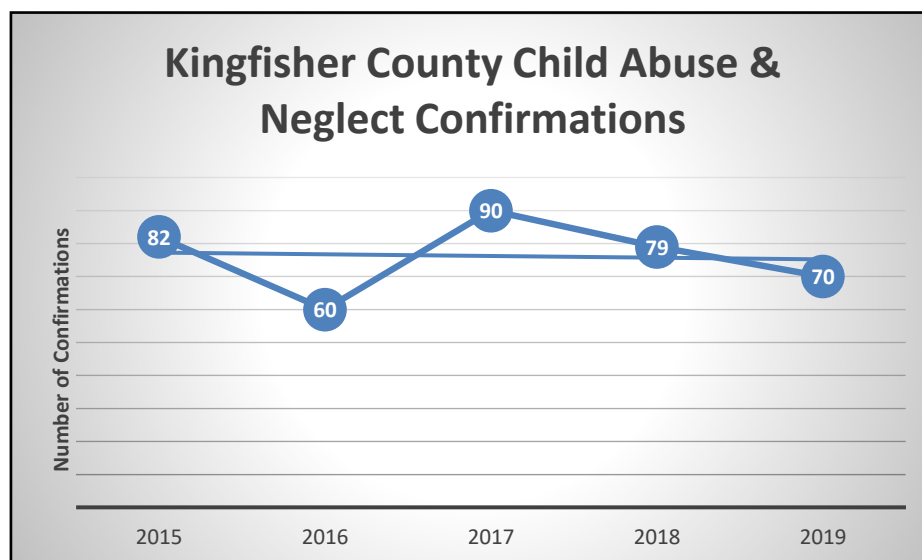


Figure 20. Kingfisher County Child Abuse & Neglect Confirmations. Data taken from 2021 Kids County Data Center.

14.   National Center for Injury Prevention and Control, Division of Violence Prevention. cdc.gov/violenceprevention/childabuseandneglect/fastfact.html. Last reviewed: March 15, 2021.

15.   Kids Count Data Center, The Annie E. Casey Foundation. 2021. datacenter.kidscount.ogr/data/customreports/5302/any.

**Kingfisher Child Abuse & Neglect Confirmation Rates**

per 1,000 children

|  | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|
| Kingfisher | 19.5 | 14.2 | 21 | 18.6 | 16.3 |
| Oklahoma | 16 | 15.8 | 15.9 | 16.6 | 16.5 |

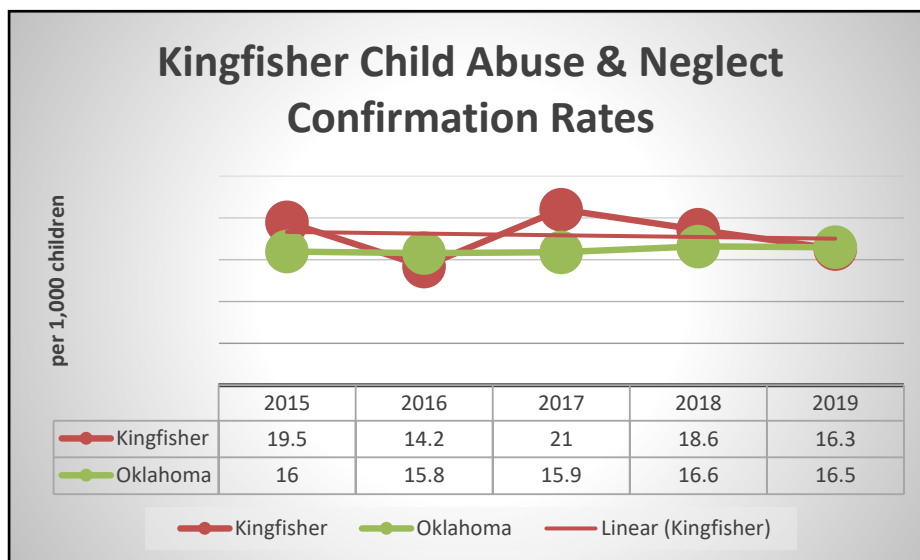Kingfisher — Oklahoma — Linear (Kingfisher)

Figure 21. Kingfisher County Child Abuse & Neglect Confirmation Rates. Data taken from 2021 Kids County Data Center.

The latest data from the U.S. Census Bureau reports a Kingfisher County poverty rate for All Ages of 8.9%, compared to the state at 15.1% and the nation at 12.3%. The poverty rate for Under Age 18 was 10.7%, compared to the state at 19.7% and the nation at 16.8%.[16] Trend data for the last seven years show that Kingfisher County's poverty rates have been improving. (Figure 22)
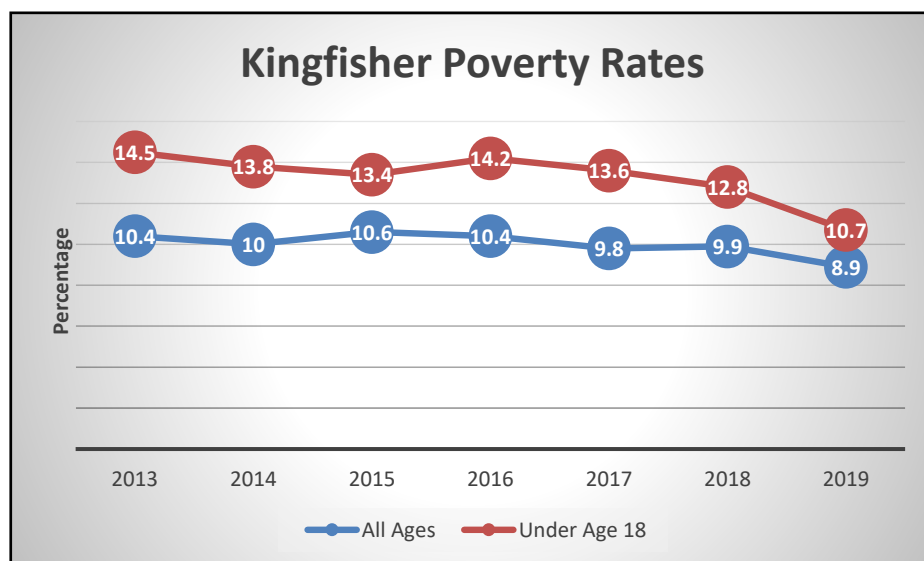


**Kingfisher Poverty Rates**

Percentage

| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|---|
| 14.5 | 13.8 | 13.4 | 14.2 | 13.6 | 12.8 | 10.7 |
| 10.4 | 10 | 10.6 | 10.4 | 9.8 | 9.9 | 8.9 |

All Ages — Under Age 18

Figure 22. Kingfisher County Poverty Rates. Data taken from U.S. Census Bureau, Small Area Income and Poverty Estimates..

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16. U.S. Census Bureau, Small Area Income and Poverty Estimates. (SAIPE)

COVID-19

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, the capital of China's Hubei Province. It spread globally, resulting in a coronavirus pandemic. Symptoms include fever, cough, and shortness of breath. While roughly 80% of cases report mild symptoms, some progress into severe pneumonia and multi-organ failure, potentially leading to death. Data indicates the risk of death for those contracting COVID-19 notably increases for individuals above the age of 60 or for individuals with autoimmune conditions. On January 11, 2020, the first cases in the United States tested positive for COVID-19. The first case in Oklahoma was confirmed March 6, 2020.

COVID has effected every aspect of society. Varying degrees of mitigation have impacted the day-to-day routines of home, work, school, and travel. These impacts continue to this day. And the discussion continues to change concerning vaccines, new variants, and societal norms and expectations. These concepts are rooted in the areas of access to care and public health.

As of this writing (Sep. 24, 2021), Kingfisher County has: 2,472 Total Cases; 2,377 Total Recovered; 44 Total Deaths. There were 26 Active Cases as of Sep. 22, 2021 with no recoveries and no deaths during the last 14 days.
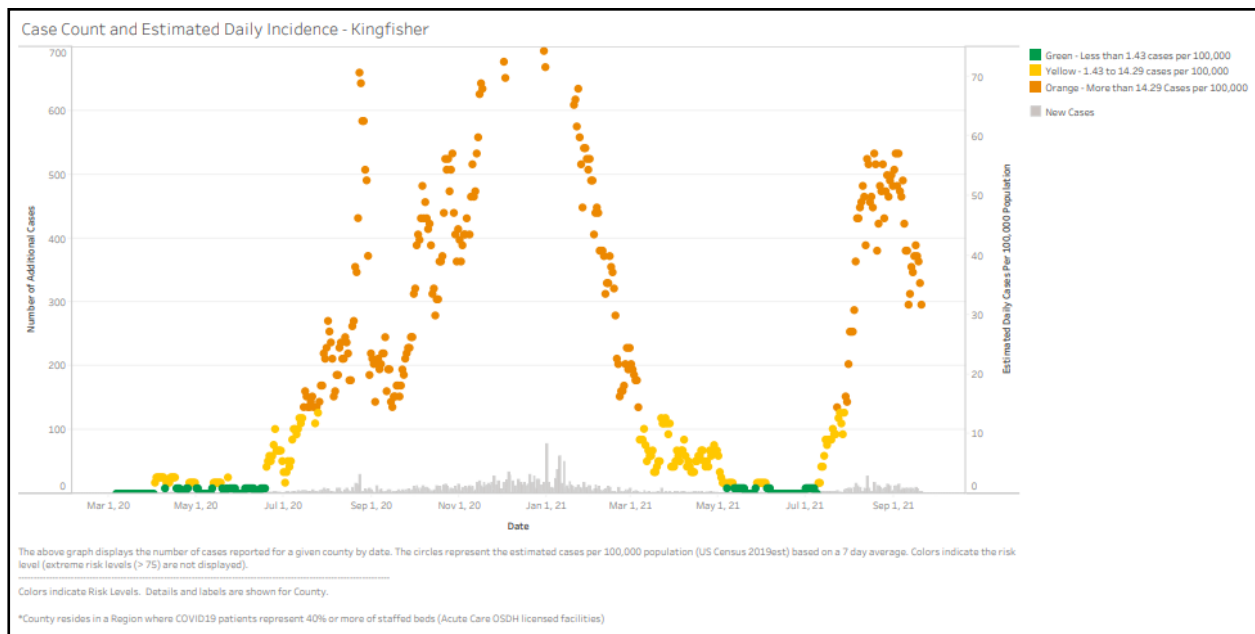


Figure 23. Kingfisher County Case Count and Estimated Daily Incidence. Data taken from OSDH COVID-19 tracking site.

In the Kingfisher County Forces of Change Assessment, COVID was identified as a significant force affecting the local public health system and community. Opportunities identified concerning COVID included: increased services related to care of, and awareness about, COVID related issues; increased hygiene awareness and practice; increased salaries for those working in COVID settings; CARES Act funding to facilitate these opportunities. Threats identified concerning COVID included: increased transmission and infection; increased mortality; complacency and/or denial of COVID problem; effect on availability of food pantries and other resources for the needy; effect on public education.

# Next Steps

KCC will analyze this data further and use it to develop its next CHIP.

It is important to remember that the CHA is an ongoing process; it never actually ends. New data sources and data sets pop up, and old data sets and sources go away without any warning. It is one of the hazards of strategic planning. That is why the CHA is ever developing. Once a new CHIP is established, data updates and developments will allow KCC to measure progress towards meeting performance objectives and improving health outcomes.

With its first strategic planning cycle, KCC published annual reports to its CHIP to show new data; a practice it intends to continue. However, this new data was, in effect, updated CHA material that KCC did not physically add to the CHA. This created some awkwardness for community partners that used this material for its unique purposes (ex., grant proposals, activity reports, etc.). In this new cycle, KCC intends to add updates to both the CHA and the CHIP.

This initial summary report, without any updates or additions, is 27 pages long. However, a hard copy of a complete CHA with all of the listed Attachments would be 650 pages! That is why KCC is committed to providing this report to the public electronically. Initially, this report and all of its Attachments will be available to the public on the Kingfisher County Health Department website. KCC encourages its community partners with social media assets to post this material and/or link to the health department's website.

We urge community partners to view this data, use it for your unique purposes, and contact KCC with comments and suggestions. When the CHIP is available, take both documents together as one. The task of public health is large and varied, creating a proverbial jigsaw puzzle of many pieces. The public health system is far more than the local health department and hospital. It is made up of every single person who lives in Kingfisher County. We all have a contribution to make. We have worked together over the past few years to make Kingfisher County consistently one of the healthiest counties in Oklahoma. Let's continue this effort and make Kingfisher County one of the healthiest places in the nation.

# Updates

**July 13, 2022 - 2022 Wellness County Profiles**

New Wellness County Profiles were published by OSDH Community Analysis & Linkages. Changes in measures reported in the Kingfisher CHIP included:

- By 2027, decrease rate of adult obesity from 38% to 34.2%. The Profile provided two new data points: 2019 - 40.0%; 2020 - 40.8%. The measure currently demonstrates a 7% increase (worsening). (Issue Two: Obesity; Issue Five: COVID-19, Performance Objective)

- By 2027, decrease rate of diabetes prevalence from 14.1% to 12.69%. The Profile provided two new data points: 2019 - 16.0%; 2020 - 17.4%. The measure currently demonstrates a 23% increase (worsening). (Issue Two: Obesity, Performance Objective)

- By 2027, decrease rate of adult smoking prevalence from 23.4% to 19.7%. The Profile provided two new data points: 2019 - 23.8%; 2020 - 24.8%. The measure currently demonstrates a 6% increase (worsening). (Issue Four: Smoking and Tobacco Use; Issue Five: COVID-19, Performance Objective)

In addition, the Profile published prevalence data pertaining to 'Issue One: Mental Health, Including Suicide and Opioids.'

- Depression Prevalence - 16.8%. Has improved for four consecutive years. Is better than the state rate of 22.9%.

- Mental Health Not Good (14+ days/last 30 days) - 12.2%. Trend has improved over past four years and is better than the state rate of 15.9%.

# References

1. County Health Rankings & Roadmaps. Oklahoma: Kingfisher. [Website]. Retrieved from https://www.countyhealthrankings.org/app/oklahoma/2021/rankings/kingfisher/county/outcomes/overall/snapshot.

2. U.S. Census Bureau 2019 Population Estimates.

3. Oklahoma State of the State's Health Report: Indicators. https://stateofstateshealth.ok.gov/Data/HealthIndicator.

4. Centers for Disease Control and Prevention, National Center for Injury Prevention Control. https://www.cdc.gov/suicide/. Page last reviewed: March 1, 2021.

5. Centers for Disease Control and Prevention, National Center for Injury Prevention Control. https://www.cdc.gov/drugoverdose/data/statedeaths.html. Page last reviewed: March 3, 2021.

6. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/oklahoma/. Page last reviewed: March 31, 2021.

7. Center for Chronic Disease Prevention and Health Promotion, Oklahoma State Department of Health. 2020 Wellness County Profile: Kingfisher County.

8. Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2030: Overweight and Obesity. health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity.

9. Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2030: Diabetes. health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes.

10. National Center for Chronic Disease Prevention and Health Promotion, Division of Heart Disease and Stroke Prevention. https://www.cdc.gov/heartdisease/facts.htm. Page last reviewed: September 8, 2020.

11. Center for Chronic Disease Prevention and Health Promotion, Oklahoma State Department of Health. 2020 Wellness County Profile: Kingfisher County.

12. Division of Cancer Prevention and Control, Centers for Disease Control and Prevention. cdc.gov/cancer/dcpc/prevention. Last reviewed: July 29, 2020.

13. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2019 submission data (1999-2017): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2020.

14. National Center for Injury Prevention and Control, Division of Violence Prevention. cdc.gov/violenceprevention/childabuseandneglect/fastfact.html. Last reviewed: March 15, 2021.

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# Version History

The version numbering is as follows:

- The initial version is 1.0

- All subsequent minor changes should increase the version number by 0.1

- All subsequent major changes should increase the version number by 1.0

| Version Number | Change Request Number (if applicable) | Accepted Date | Author | Summary of Change |
|---|---|---|---|---|
| 1.0 | | 5/9/2022 | Mikeal Murray | Release of initial document |
| 1.1 | | 7/13/2022 | Mikeal Murray | Added 7/13/2022 Update |
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# Notes:

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